

# HONOLULU VPC

## POV SHIPMENT COUNSELING WORKSHEET

Please print legibly and complete all required information accurately

### MEMBER INFORMATION

FIRST NAME	M.I.	
LAST NAME		
TAC CODE	DODAAC	
BRANCH OF SERVICE	RANK	GRADE

### VEHICLE INFORMATION

MAKE	MODEL	YEAR	
LICENSE PLATE	STATE	COLOR	
VEH TYPE	2DR/ 2 DOOR 4DR/ 4 DOOR	P/U / PICKUP VAN /VAN	M/C / MOTORCYCLE SUV / SPORT UTILITY
ODOMETER READING AT VPC	Do not record until you arrive at Matson's VPC facility on Sand Island		

### PRESENT DUTY STATION

UNIT		
ADDRESS		
CITY	STATE	COUNTRY
ZIP CODE	PHONE NUMBER	

### NEW DUTY STATION INFORMATION

UNIT		
ADDRESS		
CITY	STATE	COUNTRY
ZIP CODE	PHONE NUMBER	DESTINATION VPC*

### ARRIVAL NOTIFICATION ADDRESS

NAME		
ADDRESS		
CITY	STATE	COUNTRY
ZIP CODE	PHONE NUMBER	

### AUTHORIZED DESTINATION

AUTHORIZED VPC	AUTHORIZED ALTERNATE VPC*
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\*Must match if other than authorized VPC

**NOTE:** A valid arrival notification address is required to allow the contractor to mail POV arrival notifications in accordance with the contract. Address should contain: Name, Organization, and complete street address and Zip Code. **Please note contract does not require contractor to phone the member with arrival information!**

I have been briefed by my transportation officer and understand fully all of my responsibilities and the requirements for shipping a POV. **I am aware of the 1/4 tank of fuel or less requirement.** I further understand that if all of the requirements are not met I will be turned away at the VPC.

PRINT NAME	SIGNATURE	DATE	TRANS OFFICE VALIDATION
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**POV'S WITH MORE THAN 1/4TH TANK OF FUEL WILL NOT BE ACCEPTED!**